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**DECLARATION FOR UTILITY OR
DESIGN
PATENT APPLICATION
(37 CFR 1.63)**

Declaration
Submitted
with Initial
Filing

OR

Declaration
Submitted after Initial
Filing (surcharge
(37 CFR 1.16 (e))
required)

Attorney Docket Number

A070 US

First Named Inventor

Browning

COMPLETE IF KNOWN

Application Number

Filing Date

Group Art Unit

Examiner Name

As a below named inventor, I hereby declare that:

My residence, mailing address, and citizenship are as stated below next to my name.

I believe I am the original, first and sole inventor (if only one name is listed below) or an original, first and joint inventor (if plural names are listed below) of the subject matter which is claimed and for which a patent is sought on the invention entitled:

BAFF, Inhibitors Thereof and Their Use in the Modulation of B-Cell Response

(Title of the Invention)

the specification of which

is attached hereto

OR

was filed on (MM/DD/YYYY)

as United States Application Number or PCT International

(if applicable).

Application Number

and was amended on (MM/DD/YYYY)

I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.

I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed.

Prior Foreign Application Number(s)	Country	Foreign Filing Date (MM/DD/YYYY)	Priority Not Claimed	Certified Copy Attached? YES	Certified Copy Attached? NO
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

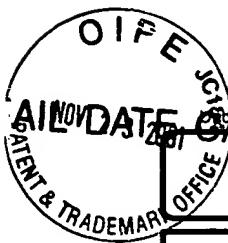
Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto:

I hereby claim the benefit under 35 U.S.C. 119(e) of any United States provisional application(s) listed below.

Application Number(s)	Filing Date (MM/DD/YYYY)	<input type="checkbox"/> Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.
60/117,169	01/25/1999	<input type="checkbox"/>
60/143,228	07/09/1999	<input type="checkbox"/>

[Page 1 of 2]

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NOV 19, 2001

PTO/SB/01 (10-00)

Approved for use through 10/31/2002. OMB 0651-0032

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

DECLARATION — Utility or Design Patent Application

Direct all correspondence to: Customer Number or Bar Code Label OR Correspondence address below

Name Timothy P. Linkkila

Address BIOGEN, INC.

Address 14 Cambridge Center

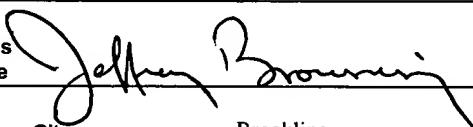
City Cambridge State MA ZIP 02142

Country USA Telephone (617) 679-3795 Fax (617) 679-2838

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor

Given Name Jeffrey Family Name Browning
(first and middle [if any]) or Surname

Inventor's Signature  Date

Residence: City Brookline State MA Country 02146 Citizenship US

Mailing Address 32 Milton Road

Mailing Address

City Brookline State MA ZIP 02146 Country US

NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor

Given Name Christine Family Name Ambrose
(first and middle [if any]) or Surname

Inventor's Signature  Date

Residence: City Reading State MA Country US Citizenship US

Mailing Address 197 Wakefield Street

Mailing Address

City Reading State MA ZIP 01867 Country US

Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.



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PTO/SB/02A (3-97)

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DECLARATION

ADDITIONAL INVENTOR(S) Supplemental Sheet

Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Fabienne			MacKay				
Inventor's Signature	<i>Fabienne MacKay</i>					Date	
Residence: City	Vaucluse	State		Country	AU	Citizenship	AU
Post Office Address	1 Belah Gardens, Vaucluse NSW 2030						
Post Office Address							
City	Vaucluse	State		ZIP	2030	Country	AU
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Jurg			Tschopp				
Inventor's Signature						Date	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	10, chemin des Fontanins, CH-1066						
Post Office Address							
City	Epalinges	State		ZIP	CH1066	Country	CH
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])			Family Name or Surname				
Pascal			Schneider				
Inventor's Signature						Date	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	University of Lausanne, CH-1066						
Post Office Address							
City	Epalinges	State		ZIP	CH1066	Country	CH

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MAIL DATE
NOV 23 2001PATENT & TRADEMARK OFFICE
DATE CANCELLATION
DECLARATIONADDITIONAL INVENTOR(S)
Supplemental Sheet
Page 1 of 1

Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Fabienne		MacKay					
Inventor's Signature						Date	
Residence: City	Vaucluse	State		Country	AU	Citizenship	AU
Post Office Address	1 Belah Gardens, Vaucluse NSW 2030						
Post Office Address							
City	Vaucluse	State		ZIP	2030	Country	AU
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Jurg		Tschopp					
Inventor's Signature	<i>J. Tschopp</i>					Date	Oct 31, 2001
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	10, chemin des Fontanins, CH-1066						
Post Office Address							
City	Epalinges	State		ZIP	CH1066	Country	CH
Name of Additional Joint Inventor, if any:		<input type="checkbox"/> A petition has been filed for this unsigned inventor					
Given Name (first and middle [if any])		Family Name or Surname					
Pascal		Schneider					
Inventor's Signature						Date	
Residence: City	Epalinges	State		Country	CH	Citizenship	CH
Post Office Address	University of Lausanne, CH-1066						
Post Office Address							
City	Epalinges	State		ZIP	CH1066	Country	CH

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Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Fabienne

MacKay

Inventor's
Signature

Date

Residence: City

Vaucluse

State

AU

Citizenship

AU

Post Office Address

1 Belah Gardens, Vaucluse NSW 2030

Post Office Address

City

Vaucluse

State

2030

Country

AU

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Jurg

Tschopp

Inventor's
Signature

Date

Residence: City

Epalinges

State

Country

CH

Citizenship

CH

Post Office Address

10, chemin des Fontanins, CH-1066

Post Office Address

City

Epalinges

State

ZIP

CH1066

Country

CH

Name of Additional Joint Inventor, if any:

A petition has been filed for this unsigned inventor

Given Name (first and middle [if any])

Family Name or Surname

Pascal

Schneider

Inventor's
Signature

P. Schneider

Date

10/31/2001

Residence: City

Epalinges

State

Country

CH

Citizenship

CH

Post Office Address

University of Lausanne, CH-1066

Post Office Address

City

Epalinges

State

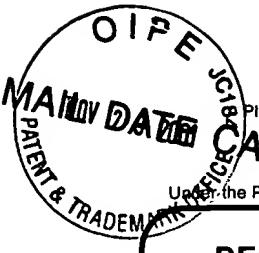
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Declaration Submitted with Initial Filing OR Declaration Submitted after Initial Filing (surcharge (37 CFR 1.16 (e)) required)

Attorney Docket Number	A070 US
First Named Inventor	Browning
COMPLETE IF KNOWN	
Application Number	
Filing Date	
Group Art Unit	
Examiner Name	

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			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<input type="checkbox"/> Additional foreign application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.					
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Name Timothy P. Linkkila

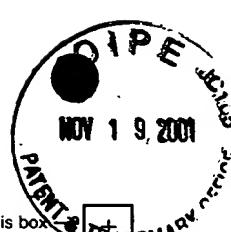
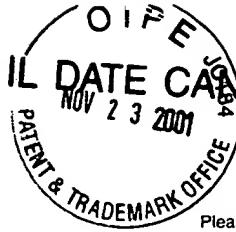
Address BIOGEN, INC.

Address 14 Cambridge Center

City	Cambridge	State	MA	ZIP	02142
Country	USA	Telephone	(617) 679-3795		
			Fax	(617) 679-2838	

I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.

NAME OF SOLE OR FIRST INVENTOR :		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Jeffrey (first and middle [if any])			Family Name or Surname Browning		
Inventor's Signature				Date	
Residence: City	Brookline	State	MA	Country	02146 Citizenship US
Mailing Address 32 Milton Road					
Mailing Address					
City	Brookline	State	MA	ZIP	02146 Country US
NAME OF SECOND INVENTOR:		<input type="checkbox"/> A petition has been filed for this unsigned inventor			
Given Name Christine (first and middle [if any])			Family Name or Surname Ambrose		
Inventor's Signature				Date	
Residence: City	Reading	State	MA	Country	US Citizenship US
Mailing Address 197 Wakefield Street					
Mailing Address					
City	Reading	State	MA	ZIP	01867 Country US
<input type="checkbox"/> Additional inventors are being named on the _____ supplemental Additional Inventor(s) sheet(s) PTO/SB/02A attached hereto.					



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Inventor's Signature						Date	
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Post Office Address							
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Pascal		Schneider					
Inventor's Signature						Date	
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